

FOOD STAMP CONVERSION MAP
QUALITY CONTROL REVIEW SCHEDULE FNS-380-1 (10/02)

PART I. Item Conversion

- QCRS Item is the Federal Quality Control Review Schedule item number for the data described in the QCRS Name column.
- QCRS Name is the Federal QCRS item name.
- CDSS Item is the California Department of Social Services item number which equates to the QCRS item. This item is reported to FNS for the QCRS Item on the same line. Within an item, unless otherwise indicated, CDSS codes are the same as the QCRS codes and reported as same to FNS. If any codes are different, reporting translation is shown.

QCRS ITEM	QCRS NAME	CDSS ITEM
1	Review Number	"Review" on facesheet (system entered preprint)
1a	Case Number	"Number" on facesheet (system entered preprint)
2	State and Local Agency Code	"06" for state, "County" code on facesheet (both system entered preprints)
3	Sample Month and Year	"Sample" on Assigned Cases screen
4	Stratum	"Stratum" Strata coding provided by statistician separately and as needed.
5	Disposition of Review	010-0027 (Disposition Code) If 010-0024 (FS Funding Source) is coded 02 (CFAP Only), report all as 2 (Not Subject to Rev/Lst Error) If Disposition is not blank and not 1, except for Item 020-0009 which cannot be blank , then all items after this point are transmitted as blank and empty.
6	Review Findings	010-0011 (Review Findings/Fed Prog)
7	Amount of Error	020-0001 (FS Error Amount/Fed Prog)
8	Coupon Allotment	010-0007 (FS Allotment/Fed Prog)
9	Most Recent Opening	Reserved. Leave blank.
9a	Prior Assistance	Reserved. Leave blank.
10	Most Recent Action	010-0003 (Most Recent Action)
11	Type of Action	010-0004 (Type of Action)
12	Number of Case Members	150-0030 (FS Case Affiliation), sum of all persons coded 1 Report as 01
13	Liquid Assets	Sum of 211-0008 (Balance AORD) and 213-0009 (Net Value Amount), for all Group A persons
14	Real Property (Excl. Home)	221-0014 (Net Countable Property Value), total for all Group A persons
15	Countable Vehicle Assets	222i-006 (Countable Vehicle Assets), total for all Group A persons
16	Other Non-liquid Assets	224-0003 (Other Non-liquid Assets)
17	Case Classification	System pre- populates with Code 1
18	Months in Certification Period	010-0006 (Months in Cert Period)
18a	Sample Month in Certification	Reserved. Leave blank
19	Expedited Service	010-0028 (Received Expedited Service)
20	Authorized Representative	010-0009 (Authorized Representative)
21	Gross Countable Income	371-0001 (Total Gross Income)

QCRS ITEM	QCRS NAME	CDSS ITEM
22	Earned Income Deduction	321i-002 (Correct Amount Earned Income Deduction), total for all Group A persons
23	Medical Cost	365-0012 (Correct Amount of Deduction)
24	Shelter Cost	Reserved. Leave blank.
25	Total of Dependent Care Cost Deduction	323i-004 (Correct Deduction Amt) total for all Group A persons
26	Net Countable Income	372-0004 (Net Income)
27	Form of Benefit	Reserved. Leave blank.
28	Homeless	363-0039 (Homeless)
29a	Vehicle	222i-009 for first vehicle of first Group A person with a vehicle
30a	Value of Vehicle	Reserved. Leave blank.
31a	Equity of Vehicle	Reserved. Leave blank
29b	Vehicle	222i-009 (Vehicle Status) for first and second vehicle of second Group A person with a vehicle. If none, then second vehicle of first Group A then second vehicle of first Group A person with a vehicle
30b	Value of Vehicle	Reserved. Leave blank.
31b	Equity of Vehicle	Reserved. Leave blank
32	Standard Utility Allowance	
1 st Box		364-0010 (Standard Utility Allowance)
2 nd Box		364-0011 (SUA Prorated)
33	Child Support Payment Deduction	If 366-0012 (Legally Req'd to Pay Child Supt) is coded 01 Yes, use 366-0006 (Amt Paid in Budget Month)
34	Rent/Mortgage	363-0004 (Reported Housing Cost)
35	Shelter Deduction	363-0037 (Correct Shelter Deduction)
36	Actual Utility Costs	363-0015 (Amount Billed)
37	SUA Amount	Reserved. Leave blank.
38	Allotment Adjustment	010-0019 (Allotment Adjustment)10 = report as 3
39	Amount of Allotment Adjustment	010-0020 (Amount of Allotment Adjustment)
40	Person Number	"PN" on facesheet (system entered preprint)
41	Food Stamp Case Affiliation	150-0030 (FS Case Affiliation) Code 2 reserved Code 3 reserved Code 12 reserved Note: Send zero on single digit codes i.e., 01,02,etc. Report Blank as Blank.
42	Relationship to Head of Household	150-0031 (Relationship to H/H)
43	Age	Calculated by system from DOB on facesheet and sample month.
44	Sex	130-0026 (Gender) 01 = report as 1 02 = report as 2 03 = report as Blank
45	Race	110-0011(Race) 05 = report as Blank

QCRS ITEM	QCRS NAME	CDSS ITEM
46	Citizenship Status	130-0029 (Citizenship Status)
47	Educational Level	111-0025 (Educational level)
48	Employment & Training Program Status	160i-009 (Employment Status)
49	Work Registration	162i-002 (Work Registration)
50	Workfare Status	Reserved. Leave blank.
51	Employment Status	165i-002 (Employment Status) in first box 165i-003 (Employment Hours) in second box
52	ABAWD Status	161i-005 (ABAWD Status)
53	Dependent Care Cost	323i-004 (Correct Deduction Amount)
54	Person Number	"PN" on facesheet (system entered preprint)
55	Type of Income (for person number in 54 above)	See attached Part II chart
56	Amount of Income (for Type of Income in 55)	See attached Part II chart
57	Type of Income (for person number in 54 above)	See attached Part II chart
58	Amount of Income (for Type of Income in 57)	See attached Part II chart
59	Type of Income (for person number in 54 above)	See attached Part II chart
60	Amount of Income (for Type of Income in 59)	See attached Part II chart
61	Type of Income (for person number in 54 above)	See attached Part II chart
62	Amount of Income (for Type of Income in 61)	See attached Part II chart
63	Error Finding	010-0011 (Review Findings/Fed Program) Report codes 2, 3, or 4
64	Element	020-0002 (Error Class Code)
65	Nature Code	020-0003 (Error Nature Code)
66	Agency or Client Responsibility	020-0012 (Agency or Client Responsibility) Note: Send zero on single digit codes i.e., 01,02,etc. Report Blank as Blank.
67	Dollar Amount	This is an optional completion item. No CDSS equivalent. Leave blank/do not report to FNS.
68	Discovery	020-0006 (Error Discovery Code) Note: Send zero on single digit codes i.e., 01,02,etc. Report Blank as Blank.
69	Verification	020-0007 (Error Verification Code) Note: Send zero on single digit codes i.e., 01,02,etc. Report Blank as Blank.
70a	Occurrence –Date	020-0008 (Error Occurrence Date) Blank = 99/9999
70b	Occurrence – Time Period	020-0009 (Time Period)
71a	Handled as an Earned Income Case	If this review contains income types 11,12,14, or 16 then report "1" else "2".
71b	Timeliness of Application Processing	010-0029 (Timeliness of Application processing) This must not be blank and data transmitted for all cases.

QCRS ITEM	QCRS NAME	CDSS ITEM
72a	Handled as a Case Containing Non-Citizens	If any of the field 46 entries are 4 through 10 report "1" else "2"
73a	Reporting System	560-0010 (Reporting System)
73b	Categorical Eligibility Status	010-0025 (Categorical Eligibility Status)

PART II. Type and Amount of Income Conversion. Use for reporting QCRS items 55-62 in Part I

Note: Should the Person Number (QCRS Box 54) have five Income Types then report in (Box 55,57,59, and 61) in the following priority order: 44, 47, 11, 31, 34, 12, 14, 16, 15, 32, 33, 35, 36, 42, 43, 45, 50, 37, 48, 49, 50 and 46.

IF CDSS ITEM	IS CODED	THEN REPORT IN 55, 57, 59 OR 61 AS	AND REPORT IN 56, 58, 60 OR 62 THE AMOUNT(S) IN THE CDSS ITEM BELOW
311-0023 (Correct Budget Month Income)	with an amount for person in 54	11 = Wages and Salaries (for that person)	311-0023 (for that person)
312-0022 (Correct Budget Mo Net Income)	with an amount for person in 54	12 = Self-employment (for that person)	312-0022 (for that person)
314-0001 (Source of Income)	01-05, 07, 08, 98, 99 for person in 54	14 = Other earned income (for that person)	314-0021 (for that person)
346-0010 (Type Other Unearned Income)	05 for person in 54	15 = Energy Assistance income	346-0007 (for that person)
314-0001 (Source of Income)	09 for person in 54	16 = Wage supplementation (for that person)	314-0021 (for that person)
331-0012 (Correct Budget Month Income)	with an amount for person in 54	31 = RSDI benefits (for that person)	331-0012 (for that person)
332-0008 (Correct Budget Month Income)	with an amount for person in 54	32 = Veterans benefits (for that person)	332-0008 (for that person)
333-0013 (Amount Received)	with an amount for person in 54	33 = SSI (for that person)	333-0013 (for that person)
334-0011 (Correct Budget Month Income)	with an amount for person in 54	34 = Unemployment compensation (for that person)	334-0011 (for that person)
335-0015 (Correct Budget Month Income)	with an amount for person in 54	35 = Workmen's compensation (for that person)	335-0015 (for that person)
336-0015 (Correct Budget Month Income)	with an amount for person in 54	36 = Other government benefits (for that person)	336-0015 (for that person)
346-0010 (Type Other Unearned Income)	01 for person in 54	37 = Foster care income (for that person)	346-0007 (for that person)
342-0020 Correct Budget Month Income)	with an amount for person in 54	42 = Contribution (for that person)	342-0020 (for that person)
343-0009 (Correct Budget Month Income)	with an amount for person in 54	43 = Deemed income (for that person)	343-0009 (for that person)
344-0010 (Amt GA/GR Received in Review Month)	with an amount for person in 54	44 = PA or GA (for that person)	344-0010 (for that person)

IF CDSS ITEM	IS CODED	THEN REPORT IN 55, 57, 59 OR 61 AS	AND REPORT IN 56, 58, 60 OR 62 THE AMOUNT(S) IN THE CDSS ITEM BELOW
345-0016 (Correct budget Month Income)	with an amount for person in 54	45 = Educational grants/scholarship/ loans (for that person)	345-0016 (for that person)
346-0010 (Type of Other Unearned Income)	99 for person in 54	46 = Other (for that person)	346-0007 (for that person)
344-0028 (Correct CalWORKs Budget)	with an amount for person in 54	47 = TANF (for that person)	344-0028
346-0010 (Type Other Unearned Income)	06 for person in 54	48 = State only diversion payment	346-0007 (for that person)
346-0010 (Type Other Unearned Income)	02 for person in 54	49 = Interest income (for that person)	346-0007 (for that person)
342-0006 (Direct Support Amount)	with an amount for person in 54	50 = Court ordered child support payments received from absent parent/responsible person	342-0006 (for that person)
346-0010 (Type Other Unearned Income)	98 for person in 54	99 = Unknown	346-0007 (for that person)